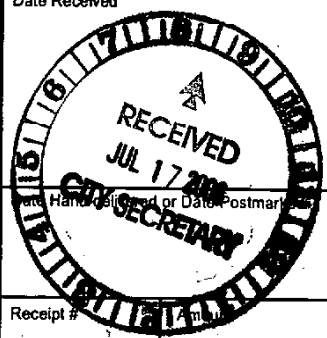


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00000004	2 PAGE # 1 of 65
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Hon.	FIRST Antoinette B	MI
	NICKNAME Toni	LAST Lawrence	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 7047 Bent Branch Dr Houston, TX 77088		
	OFFICE USE ONLY Date Received  Receipt #		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST George D	MI
	NICKNAME	LAST Franklow	SUFFIX Jr.
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 2618 Sutton Ct Houston, TX 77027		
	7 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (713) 552-0838		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
	9 PERIOD COVERED Month Day Year THROUGH Month Day Year 01/01/2006 06/30/2006		
10 ELECTION	ELECTION DATE: Month Day Year 11/06/2007		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	11 OFFICE OFFICE HELD (if any) Houston City Council, Dist A		12 OFFICE SOUGHT (if known) Houston City Council, Dist A
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ...		
	Name		
	Address/PO Box: Apt. / Suite #: City: State: Zip Code		
GO TO PAGE 2			

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2****14 C/OH NAME** Lawrence, Antoinette B (Hon.)**15 ACCOUNT #** (Ethics Commission filers)
00000004**16 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE**COMMITTEE NAME**☐ **GENERAL****COMMITTEE ADDRESS**☐ **SPECIFIC****COMMITTEE CAMPAIGN TREASURER NAME**☐ additional pages**COMMITTEE CAMPAIGN TREASURER ADDRESS****17 CONTRIBUTION
TOTALS**1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 45,175.00

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

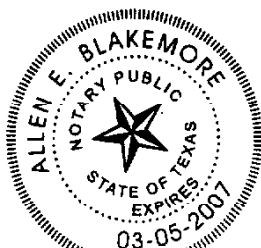
\$ 12,345.37

**CONTRIBUTION
BALANCE**5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 157,570.96

**OUTSTANDING
LOAN TOTALS**6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0.00

18 AFFIDAVIT

AFFIX NOTARY SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Antoinette B. Lawrence
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said ANTOINETTE LAWRENCE, this the 17th day of June, 20 06, to certify which, witness my hand and seal of office.

Allen E. Blakemore
Signature of officer administering oath

ALLEN E. BLAKEMORE
Print name of officer administering oath

Notary
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/44 Report: 3/65	
2 FILER NAME Lawrence, Antoinette B (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 02/22/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Allen Boone Humphries Robinson LLP 6 Contributor address; City; State; Zip Code [REDACTED]		7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Law Firm		9 Employer (See Instructions) Law Firm	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date 01/30/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Amegy Bank of Texas PAC 6 Contributor address; City; State; Zip Code [REDACTED]		7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) PAC		9 Employer (See Instructions) PAC	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 2/44 Report: 4/65	
2 FILER NAME Lawrence, Antoinette B (Hon.)				3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 02/20/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Andrews & Kurth Texas PAC 6 Contributor address; City; State; Zip Code [REDACTED]			7 Amount of contribution (\$) \$1,000.00	
8 Principal occupation / Job title (See Instructions) PAC			9 Employer (See Instructions) PAC		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 02/06/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Arnold, Kenneth E 6 Contributor address; City; State; Zip Code [REDACTED]			7 Amount of contribution (\$) \$100.00	
8 Principal occupation / Job title (See Instructions) Sr. Exec. VP			9 Employer (See Instructions) AMEC Paragon		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 3/44 Report: 5/65

2 FILER NAME Lawrence, Antoinette B (Hon.)**3** ACCOUNT # (Ethics Commission filers)

00000004

4 Date

02/07/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Associated Builders & Contractors**6** Contributor address; City; State; Zip Code
[REDACTED]**7** Amount of
contribution (\$)

\$1,000.00

8 Principal occupation / Job title (See Instructions)
PAC**9** Employer (See Instructions)
PAC**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel**4** Date

02/13/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Aviles, Dionel**6** Contributor address; City; State; Zip Code
[REDACTED]**7** Amount of
contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)
Consulting Engineer**9** Employer (See Instructions)
Aviles Engineering Corporation**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 4/44 Report: 6/65	
2 FILER NAME Lawrence, Antoinette B (Hon.)				3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 02/15/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Berkman, Larry <hr/> 6 Contributor address; City; State; Zip Code [REDACTED]			7 Amount of contribution (\$) \$250.00	
8 Principal occupation / Job title (See Instructions) Executive			9 Employer (See Instructions) Berkman & Associates		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 02/20/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Birney, Jim <hr/> 6 Contributor address; City; State; Zip Code [REDACTED]			7 Amount of contribution (\$) \$1,000.00	
8 Principal occupation / Job title (See Instructions) PAC			9 Employer (See Instructions) PAC		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 5/44 Report: 7/65	
2 FILER NAME Lawrence, Antoinette B (Hon.)				3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 02/08/2006		5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bohac, Dwayne			7 Amount of contribution (\$) \$250.00
		6 Contributor address; City; State; Zip Code [REDACTED]			
8 Principal occupation / Job title (See Instructions) Elected Official			9 Employer (See Instructions) Texas House of Representatives		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 02/20/2006		5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Boland, Anne			7 Amount of contribution (\$) \$1,000.00
		6 Contributor address; City; State; Zip Code [REDACTED]			
8 Principal occupation / Job title (See Instructions) PAC			9 Employer (See Instructions) PAC		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 6/44 Report: 8/65

2 FILER NAME Lawrence, Antoinette B (Hon.)**3** ACCOUNT # (Ethics Commission filers)

00000004

4 Date**5** Full name of contributor ☐ out-of-state PAC(ID# _____)
Brady, Gerald**7** Amount of
contribution (\$)

02/15/2006

6 Contributor address; City; State; Zip Code
[REDACTED]

\$500.00

8 Principal occupation / Job title (See Instructions)
Executive**9** Employer (See Instructions)
Liberty Cab Co Inc.**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel**4** Date**5** Full name of contributor ☐ out-of-state PAC(ID# _____)
Cain, Harry**7** Amount of
contribution (\$)

02/16/2006

6 Contributor address; City; State; Zip Code
[REDACTED]

\$100.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 7/44 Report: 9/65	
2 FILER NAME Lawrence, Antoinette B (Hon.)				3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 03/02/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Caldera, Stella 6 Contributor address; City; State; Zip Code [REDACTED]			7 Amount of contribution (\$) \$100.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 02/04/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Carter, Darryl 6 Contributor address; City; State; Zip Code [REDACTED]			7 Amount of contribution (\$) \$250.00	
8 Principal occupation / Job title (See Instructions) Attorney			9 Employer (See Instructions) Linebarger Goggan Blair & Sampson		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/44 Report: 10/65	
2 FILER NAME Lawrence, Antoinette B (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 02/10/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Center Point Energy Inc PAC 6 Contributor address; City; State; Zip Code [REDACTED]		7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) PAC		9 Employer (See Instructions) PAC	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date 02/07/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Cherry, Lorraine 6 Contributor address; City; State; Zip Code [REDACTED]		7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 9/44 Report: 11/65

2 FILER NAME Lawrence, Antoinette B (Hon.)**3** ACCOUNT # (Ethics Commission filers)

00000004

4 Date

02/24/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Clifford, Cindy**6** Contributor address; City; State; Zip Code
[REDACTED]**7** Amount of
contribution (\$)

\$250.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel**4** Date

01/23/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Coats Rose PAC**6** Contributor address; City; State; Zip Code
[REDACTED]**7** Amount of
contribution (\$)

\$1,000.00

8 Principal occupation / Job title (See Instructions)
PAC**9** Employer (See Instructions)
PAC**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 10/44 Report: 12/65

2 FILER NAME Lawrence, Antoinette B (Hon.)**3 ACCOUNT #** (Ethics Commission filers)

00000004

4 Date

02/21/2006

5 Full name of contributor ☐ out-of-state PAC(ID#)
Continental Airlines Empl Fund**6 Contributor address; City; State; Zip Code**
[REDACTED] 002**7 Amount of contribution (\$)**

\$500.00

8 Principal occupation / Job title (See Instructions)
PAC**9 Employer (See Instructions)**
PAC**10 In-kind contribution**☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.**11 In-kind description (if applicable)****12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)****13 Departure city / location****14 Departure date****15 Destination city / location****16 Arrival date****17 Means of transportation****18 Purpose of travel****4 Date**

02/06/2006

5 Full name of contributor ☐ out-of-state PAC(ID#)
Cook, Tom**6 Contributor address; City; State; Zip Code**
[REDACTED]**7 Amount of contribution (\$)**

\$100.00

8 Principal occupation / Job title (See Instructions)
Insurance**9 Employer (See Instructions)**
F G Benefits Inc.**10 In-kind contribution**☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.**11 In-kind description (if applicable)****12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)****13 Departure city / location****14 Departure date****15 Destination city / location****16 Arrival date****17 Means of transportation****18 Purpose of travel**

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 11/44 Report: 13/65	
2 FILER NAME Lawrence, Antoinette B (Hon.)				3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 02/14/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Copland, Michael				7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions) Real Estate Appraiser			9 Employer (See Instructions) Copland/Hensley & Associates		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 02/15/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Crooker Jr., John				7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions) Retired			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1. PAGE #

Schedule: 12/44 Report: 14/65

2. FILER NAME Lawrence, Antoinette B (Hon.)**3. ACCOUNT #** (Ethics Commission filers)

00000004

4. Date 01/30/2006	5. Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Feldman, Stuart	7. Amount of contribution (\$) \$100.00
6. Contributor address; City; State; Zip Code [REDACTED]		

8. Principal occupation / Job title (See Instructions) Investor	9. Employer (See Instructions)
10. In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.	11. In-kind description (if applicable)

12. Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13. Departure city / location	14. Departure date	15. Destination city / location	16. Arrival date
17. Means of transportation		18. Purpose of travel	

4. Date 02/02/2006	5. Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Finkelman, Steven	7. Amount of contribution (\$) \$250.00
6. Contributor address; City; State; Zip Code [REDACTED]		

8. Principal occupation / Job title (See Instructions) CFO	9. Employer (See Instructions) Scope Imports Inc.
10. In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.	11. In-kind description (if applicable)

12. Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13. Departure city / location	14. Departure date	15. Destination city / location	16. Arrival date
17. Means of transportation		18. Purpose of travel	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 13/44 Report: 15/65

2 FILER NAME Lawrence, Antoinette B (Hon.)**3** ACCOUNT # (Ethics Commission filers)

00000004

4 Date

01/23/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Fulbright & Jaworski LLP Texas Committee**6** Contributor address; City; State; Zip Code
[REDACTED]**7** Amount of contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)
Law Firm**9** Employer (See Instructions)
Law Firm**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel**4** Date

02/01/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
G D. Gaedcke Interests**6** Contributor address; City; State; Zip Code
[REDACTED]**7** Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)
Investments**9** Employer (See Instructions)
G D Gaedcke Interests**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 14/44 Report: 16/65

2 FILER NAME Lawrence, Antoinette B (Hon.)**3 ACCOUNT #** (Ethics Commission filers)

00000004

4 Date

02/03/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Garver, C M**6 Contributor address; City; State; Zip Code**
[REDACTED]**7 Amount of contribution (\$)**

\$1,000.00

8 Principal occupation / Job title (See Instructions)
General Contracting Partner**9 Employer (See Instructions)**
BRH Garver Construction**10 In-kind contribution**☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.**11 In-kind description (if applicable)****12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)****13 Departure city / location****14 Departure date****15 Destination city / location****16 Arrival date****17 Means of transportation****18 Purpose of travel****4 Date**

03/03/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Gee, George**6 Contributor address; City; State; Zip Code**
[REDACTED]**7 Amount of contribution (\$)**

\$100.00

8 Principal occupation / Job title (See Instructions)
Investments**9 Employer (See Instructions)****10 In-kind contribution**☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.**11 In-kind description (if applicable)****12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)****13 Departure city / location****14 Departure date****15 Destination city / location****16 Arrival date****17 Means of transportation****18 Purpose of travel**

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 15/44 Report: 17/65

2 FILER NAME Lawrence, Antoinette B (Hon.)

3 ACCOUNT # (Ethics Commission filers)

00000004

4 Date

01/25/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Gross, Jenard

6 Contributor address: City: State: Zip Code
[REDACTED]

7 Amount of contribution (\$)

\$1,000.00

8 Principal occupation / Job title (See Instructions)
Developer/Investor

9 Employer (See Instructions)
Gross Investments

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

02/02/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
H A A Better Government Fund

6 Contributor address: City: State: Zip Code
[REDACTED]

7 Amount of contribution (\$)

\$1,000.00

8 Principal occupation / Job title (See Instructions)
VP of Public Affairs

9 Employer (See Instructions)
Houston Apartment Association

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 16/44 Report: 18/65	
2 FILER NAME Lawrence, Antoinette B (Hon.)				3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 02/28/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hartman & Associates			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions) Investment Firm			9 Employer (See Instructions) Hartman & Associates		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 01/23/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Helterbran, Dave			7 Amount of contribution (\$) \$1,000.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions) Executive			9 Employer (See Instructions) Helterbran Associates		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 17/44 Report: 19/65	
2 FILER NAME Lawrence, Antoinette B (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 02/06/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hill, Lawrence 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$250.00	
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Sumar Realty Corporation	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date 02/21/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hinsley, R 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$400.00	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) The Hinsley Law Firm	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 18/44 Report: 20/65

2 FILER NAME Lawrence, Antoinette B (Hon.)**3** ACCOUNT # (Ethics Commission filers)

00000004

4 Date

02/10/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Holsenbeck, Howard**6** Contributor address; City; State; Zip Code
[REDACTED]**7** Amount of
contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)
Real Estate Broker**9** Employer (See Instructions)
Holsenbeck Realty**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel**4** Date

01/30/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Horne, H W**6** Contributor address; City; State; Zip Code
[REDACTED]**7** Amount of
contribution (\$)

\$250.00

8 Principal occupation / Job title (See Instructions)
Executive**9** Employer (See Instructions)
Cushman & Wakefield**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 19/44 Report: 21/65	
2 FILER NAME Lawrence, Antoinette B (Hon.)				3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 02/08/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) HOUCONPAC			7 Amount of contribution (\$) \$500.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions) PAC			9 Employer (See Instructions) PAC		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 03/02/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Houston Associated General Contractors PAC			7 Amount of contribution (\$) \$500.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions) PAC			9 Employer (See Instructions) PAC		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 20/44 Report: 22/65

2 FILER NAME Lawrence, Antoinette B (Hon.)

3 ACCOUNT # (Ethics Commission filers)

00000004

4 Date

01/10/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Houston Firefighters Political Action Fund

6 Contributor address; City; State; Zip Code
[REDACTED]

7 Amount of contribution (\$)

\$3,000.00

8 Principal occupation / Job title (See Instructions)
President

9 Employer (See Instructions)
Houston Firefighters Political Action Fund

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

02/15/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Huey, Don

6 Contributor address; City; State; Zip Code
[REDACTED]

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)
Business & Government Relations

9 Employer (See Instructions)
HCA Healthcare - Gulf Coast Division

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 21/44 Report: 23/65	
2 FILER NAME Lawrence, Antoinette B (Hon.)				3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 03/02/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jamail 6 Contributor address; City; State; Zip Code [REDACTED]			7 Amount of contribution (\$) \$500.00	
8 Principal occupation / Job title (See Instructions) Constuction / President			9 Employer (See Instructions) Jamail Construction		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 01/26/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jard, James 6 Contributor address; City; State; Zip Code [REDACTED]			7 Amount of contribution (\$) \$500.00	
8 Principal occupation / Job title (See Instructions) Attorney			9 Employer (See Instructions) MetroNational Corporation		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 22/44 Report: 24/65

2 FILER NAME Lawrence, Antoinette B (Hon.)

3 ACCOUNT # (Ethics Commission filers)

00000004

4 Date

01/27/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Jarvis, Steven

6 Contributor address; City; State; Zip Code
[REDACTED]

7 Amount of contribution (\$)

\$1,000.00

8 Principal occupation / Job title (See Instructions)
Contractor

9 Employer (See Instructions)
Beyer Construction LLP

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

03/01/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Kalapoutis, Jennifer

6 Contributor address; City; State; Zip Code
[REDACTED]

7 Amount of contribution (\$)

\$2,500.00

8 Principal occupation / Job title (See Instructions)
Homemaker

9 Employer (See Instructions)

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 23/44 Report: 25/65

2 FILER NAME Lawrence, Antoinette B (Hon.)**3** ACCOUNT # (Ethics Commission filers)

00000004

4 Date

02/08/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Keast, Larry**6** Contributor address; City; State; Zip Code
[REDACTED]**7** Amount of
contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)
President & CEO**9** Employer (See Instructions)
Venturetech Group**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel**4** Date

02/15/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Knox, Mike**6** Contributor address; City; State; Zip Code
[REDACTED]**7** Amount of
contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 24/44 Report: 26/65	
2 FILER NAME Lawrence, Antoinette B (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 01/26/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ladner, Calvin 6 Contributor address; City; State; Zip Code [REDACTED]		7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) LJA Engineering & Surveying Inc.	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location		14 Departure date	15 Destination city / location
			16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date 02/15/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Law Offices of Jack C Ogg 6 Contributor address; City; State; Zip Code [REDACTED]		7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Law Firm		9 Employer (See Instructions) Law Firm	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location		14 Departure date	15 Destination city / location
			16 Arrival date
17 Means of transportation		18 Purpose of travel	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 25/44 Report: 27/65

2 FILER NAME Lawrence, Antoinette B (Hon.)**3** ACCOUNT # (Ethics Commission filers)

00000004

4 Date

01/23/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Lin, Robert CC**6** Contributor address; City; State; Zip Code
[REDACTED]**7** Amount of
contribution (\$)

\$1,000.00

8 Principal occupation / Job title (See Instructions)
Engineer**9** Employer (See Instructions)
Lin Engineering**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel**4** Date

02/14/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Linebarger Goggan Blair & Sampson LLP**6** Contributor address; City; State; Zip Code
[REDACTED]**7** Amount of
contribution (\$)

\$2,500.00

8 Principal occupation / Job title (See Instructions)
Attorney**9** Employer (See Instructions)
Linebarger Goggan Blair & Sampson**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 26/44 Report: 28/65	
2 FILER NAME Lawrence, Antoinette B (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 02/15/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Liu, Frank 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$1,000.00	
8 Principal occupation / Job title (See Instructions) Home Builder		9 Employer (See Instructions) Lovett Homes	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date 03/02/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Locke Liddell & Sapp 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$1,000.00	
8 Principal occupation / Job title (See Instructions) Law Firm		9 Employer (See Instructions) Law Firm	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 27/44 Report: 29/65	
2 FILER NAME Lawrence, Antoinette B (Hon.)				3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 02/04/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lovelace, Irma			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions) Investments			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 02/15/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mafriqe, Sophia			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions) Attorney			9 Employer (See Instructions) Attorney at Law		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The IN STRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 28/44 Report: 30/65	
2 FILER NAME Lawrence, Antoinette B (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 02/16/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Malloy, Terrence 6 Contributor address; City; State; Zip Code [REDACTED]		7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Manufacturer		9 Employer (See Instructions) Action Box Company Inc	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location		14 Departure date	15 Destination city / location
			16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date 02/13/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mayer Brown Rowe & Maw LLP 6 Contributor address; City; State; Zip Code [REDACTED]		7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Law Firm		9 Employer (See Instructions) Law Firm	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location		14 Departure date	15 Destination city / location
			16 Arrival date
17 Means of transportation		18 Purpose of travel	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 29/44 Report: 31/65	
2 FILER NAME Lawrence, Antoinette B (Hon.)				3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 02/15/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Meyer, Gary			7 Amount of contribution (\$) \$150.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions) Real Estate Appraiser			9 Employer (See Instructions) G. L. Meyer Associates		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 02/28/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Musgrove, Richard			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions) Investments			9 Employer (See Instructions) ARGEER Publications		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 30/44 Report: 32/65	
2 FILER NAME Lawrence, Antoinette B (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 01/31/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) O'Connor, Patrick 6 Contributor address: _____ City: _____ State: _____ Zip Code: _____ [REDACTED]		7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Real Estate Appraiser		9 Employer (See Instructions) O'Connor & Associates	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location		14 Departure date	15 Destination city / location
			16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date 02/07/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Outdoor PAC 6 Contributor address: _____ City: _____ State: _____ Zip Code: _____ [REDACTED]		7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) PAC		9 Employer (See Instructions) PAC	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location		14 Departure date	15 Destination city / location
			16 Arrival date
17 Means of transportation		18 Purpose of travel	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 31/44 Report: 33/65	
2 FILER NAME Lawrence, Antoinette B (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 03/03/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Plumbers Local Union No 68 6 Contributor address; City; State; Zip Code [REDACTED]		7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) PAC		9 Employer (See Instructions) PAC	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location		14 Departure date	15 Destination city / location
			16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date 02/15/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Powell, Stephen 6 Contributor address; City; State; Zip Code [REDACTED] 281		7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location		14 Departure date	15 Destination city / location
			16 Arrival date
17 Means of transportation		18 Purpose of travel	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 32/44 Report: 34/65

2 FILER NAME Lawrence, Antoinette B (Hon.)**3 ACCOUNT #** (Ethics Commission filers)

00000004

4 Date

02/01/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Radoff, Perry**6 Contributor address; City; State; Zip Code**
[REDACTED]**7 Amount of contribution (\$)**

\$200.00

8 Principal occupation / Job title (See Instructions)**9 Employer (See Instructions)**

Bernstein Radoff Trachtenberg & Serafin LLP

10 In-kind contribution☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.**11 In-kind description (if applicable)****12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)****13 Departure city / location****14 Departure date****15 Destination city / location****16 Arrival date****17 Means of transportation****18 Purpose of travel****4 Date**

02/15/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Rash, Charles**6 Contributor address; City; State; Zip Code**
[REDACTED]**7 Amount of contribution (\$)**

\$250.00

8 Principal occupation / Job title (See Instructions)**9 Employer (See Instructions)****10 In-kind contribution**☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.**11 In-kind description (if applicable)****12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)****13 Departure city / location****14 Departure date****15 Destination city / location****16 Arrival date****17 Means of transportation****18 Purpose of travel**

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 33/44 Report: 35/65	
2 FILER NAME Lawrence, Antoinette B (Hon.)				3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 02/13/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Reliant Energy PAC			7 Amount of contribution (\$) \$1,000.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions) PAC			9 Employer (See Instructions) PAC		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 02/05/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Roos, Sybil			7 Amount of contribution (\$) \$250.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions) Retired			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 34/44 Report: 36/65	
2 FILER NAME Lawrence, Antoinette B (Hon.)				3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 02/15/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Russell, Wade A 6 Contributor address; City; State; Zip Code [REDACTED]			7 Amount of contribution (\$) \$100.00	
8 Principal occupation / Job title (See Instructions) Retired			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 02/13/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Sappington, J Mark 6 Contributor address; City; State; Zip Code [REDACTED]			7 Amount of contribution (\$) \$250.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 35/44 Report: 37/65	
2 FILER NAME Lawrence, Antoinette B (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 02/27/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Singh, Varinder (Bobby) 6 Contributor address; City; State; Zip Code [REDACTED]		7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) President & Founder		9 Employer (See Instructions) Global Times Inc.	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date 02/16/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Smallwood, Andy 6 Contributor address; City; State; Zip Code [REDACTED]		7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 36/44 Report: 38/65

2 FILER NAME Lawrence, Antoinette B (Hon.)**3** ACCOUNT # (Ethics Commission filers)

00000004

4 Date

02/06/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Smith, Lois Ann**6** Contributor address; City; State; Zip Code
[REDACTED]**7** Amount of
contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)
Homemaker**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel**4** Date

02/06/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Smith, Lura**6** Contributor address; City; State; Zip Code
[REDACTED]**7** Amount of
contribution (\$)

\$50.00

8 Principal occupation / Job title (See Instructions)
Retired**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 37/44 Report: 39/65	
2 FILER NAME Lawrence, Antoinette B (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 01/25/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Stewart, Sheila 6 Contributor address; City; State; Zip Code [REDACTED]		7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Real Estate Appraiser		9 Employer (See Instructions) Stewart Advisors	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date 02/15/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Stromberg, Lois 6 Contributor address; City; State; Zip Code [REDACTED]		7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 38/44 Report: 40/65	
2 FILER NAME Lawrence, Antoinette B (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 02/10/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Tange, Richard 6 Contributor address; City; State; Zip Code [REDACTED]		7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) CPA		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location		14 Departure date	15 Destination city / location
			16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date 02/15/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) The Allan F Dow Group LLC 6 Contributor address; City; State; Zip Code [REDACTED]		7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Investment Group		9 Employer (See Instructions) The Allan F Dow Group LLC	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location		14 Departure date	15 Destination city / location
			16 Arrival date
17 Means of transportation		18 Purpose of travel	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #

Schedule: 39/44 Report: 41/65

2 FILER NAME Lawrence, Antoinette B (Hon.)

3 ACCOUNT # (Ethics Commission filers)

00000004

4 Date

02/14/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Thomas Trustee, Edward

6 Contributor address; City; State; Zip Code
[REDACTED]

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)
Milwee Business Park

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

01/22/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Thompson, R Carla

6 Contributor address; City; State; Zip Code
[REDACTED]

7 Amount of contribution (\$)

\$300.00

8 Principal occupation / Job title (See Instructions)
Investments

9 Employer (See Instructions)
Sunland Group

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 40/44 Report: 42/65	
2 FILER NAME Lawrence, Antoinette B (Hon.)				3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 01/26/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) TSC Fund			7 Amount of contribution (\$) \$250.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions) PAC			9 Employer (See Instructions) PAC		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 02/12/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Turner, Raymond			7 Amount of contribution (\$) \$1,000.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions) President			9 Employer (See Instructions) Yellow Cab		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 41/44 Report: 43/65	
2 FILER NAME Lawrence, Antoinette B (Hon.)				3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 02/14/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) TX Friends of Time Warner Cable			7 Amount of contribution (\$) \$500.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions) PAC			9 Employer (See Instructions) PAC		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 02/15/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ulmer, Ken			7 Amount of contribution (\$) \$250.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions) Wrecker Co Owner			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 42/44 Report: 44/65	
2 FILER NAME Lawrence, Antoinette B (Hon.)				3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 01/30/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Valero PAC 6 Contributor address; City; State; Zip Code [REDACTED]			7 Amount of contribution (\$) \$500.00	
8 Principal occupation / Job title (See Instructions) PAC			9 Employer (See Instructions) PAC		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 02/15/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Verma, Arun 6 Contributor address; City; State; Zip Code [REDACTED]			7 Amount of contribution (\$) \$500.00	
8 Principal occupation / Job title (See Instructions) Investment Analyst			9 Employer (See Instructions) BVM Investment Group		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 43/44 Report: 45/65	
2 FILER NAME Lawrence, Antoinette B (Hon.)				3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 02/03/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Weekley, Richard 6 Contributor address; City; State; Zip Code [REDACTED]			7 Amount of contribution (\$) \$500.00	
8 Principal occupation / Job title (See Instructions) Investor			9 Employer (See Instructions) Weekley Properties		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 02/15/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Wilson, David B 6 Contributor address; City; State; Zip Code [REDACTED]			7 Amount of contribution (\$) \$1,000.00	
8 Principal occupation / Job title (See Instructions) Self Employed			9 Employer (See Instructions) Southwest Sign Company		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 44/44 Report: 46/65	
2 FILER NAME Lawrence, Antoinette B (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 01/16/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Winstead Sechrest & Minick PAC 6 Contributor address; City; State; Zip Code [REDACTED]		7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) PAC		9 Employer (See Instructions) PAC	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/10 Report: 47/65

2 FILER NAME Lawrence, Antoinette B (Hon.)**3 ACCOUNT #**

(Ethics Commission filers)

00000004

4 Date

03/15/2006

5 Payee name
Alvarez, Victor**6 Payee address; City; State; Zip Code**
7817 Betty Jane Lane
Houston, TX 77055**7 Amount (\$)**

\$800.00

8 Purpose of payment
(See instructions regarding type of information required.)
fund-raiser exp.☐ Payment for travel outside Texas (complete boxes 10-16)**9 ** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11 Departure city / location****12 Departure date****13 Destination city / location****14 Arrival date****15 Means of transportation****16 Purpose of travel****4 Date**

02/20/2006

5 Payee name
Blakemore and Associates**6 Payee address; City; State; Zip Code**
3405 Edloe #380
Houston, TX 77027**7 Amount (\$)**

\$5,111.07

8 Purpose of payment
(See instructions regarding type of information required.)
Fundraising: fees, event costs, invitations☐ Payment for travel outside Texas (complete boxes 10-16)**9 ** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11 Departure city / location****12 Departure date****13 Destination city / location****14 Arrival date****15 Means of transportation****16 Purpose of travel**

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/10 Report: 48/65**2** FILER NAME Lawrence, Antoinette B (Hon.)**3** ACCOUNT # (Ethics Commission filers)
00000004**4** Date

03/26/2006**5** Payee name
Blakemore and Associates**6** Payee address; City; State; Zip Code
3405 Edloe #380
Houston, TX 77027**7** Amount
(\$)

\$284.88**8** Purpose of payment
(See instructions regarding type of information required.)
Consulting, Couriers, Postage☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date

05/23/2006**5** Payee name
Crime Stoppers**6** Payee address; City; State; Zip Code
P OBox 541654
Houston, TX 77254-1654**7** Amount
(\$)

\$1,000.00**8** Purpose of payment
(See instructions regarding type of information required.)
donation☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 3/10 Report: 49/65

2 FILER NAME Lawrence, Antoinette B (Hon.)**3 ACCOUNT #**

(Ethics Commission filers)

00000004

4 Date

01/04/2006

5 Payee name

El Rey Restaurant

6 Payee address; City; State; Zip Code910 Shepherd Dr
Houston, TX 77007**7 Amount (\$)**

\$113.34

8 Purpose of payment
(See instructions regarding type of information required.)
council breakfast☐ Payment for travel outside Texas (complete boxes 10-16)**9 ** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11 Departure city / location****12 Departure date****13 Destination city / location****14 Arrival date****15 Means of transportation****16 Purpose of travel****4 Date**

05/03/2006

5 Payee name

El Rey Restaurant

6 Payee address; City; State; Zip Code910 Shepherd Dr
Houston, TX 77007**7 Amount (\$)**

\$121.78

8 Purpose of payment
(See instructions regarding type of information required.)
council breakfast☐ Payment for travel outside Texas (complete boxes 10-16)**9 ** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11 Departure city / location****12 Departure date****13 Destination city / location****14 Arrival date****15 Means of transportation****16 Purpose of travel**

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 4/10 Report: 50/65

2 FILER NAME Lawrence, Antoinette B (Hon.)**3** ACCOUNT # (Ethics Commission filers)
00000004**4** Date

05/08/2006

5 Payee name
Episcopal Diocese of TX**6** Payee address; City; State; Zip Code
3203 West Alabama
Houston, TX 77098**7** Amount
(\$)

\$60.00

8 Purpose of payment
(See instructions regarding type of information required.)
donation☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date

04/07/2006

5 Payee name
Greater Houston Pachyderm Club**6** Payee address; City; State; Zip Code
PO Box 22531
Houston, TX 77227**7** Amount
(\$)

\$40.00

8 Purpose of payment
(See instructions regarding type of information required.)
membership dues☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 5/10 Report: 51/65

2 FILER NAME Lawrence, Antoinette B (Hon.)**3 ACCOUNT #** (Ethics Commission filers)
00000004**4 Date**

06/15/2006

5 Payee name
Hajorsky, Chris**6 Payee address;** City; State; Zip Code
8910 Ralton
Houston, TX 77080**7 Amount**
(\$)

\$200.00

8 Purpose of payment
(See instructions regarding type of information required.)
apt. crime rate program☐ Payment for travel outside Texas (complete boxes 10-16)**9 ** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11 Departure city / location****12 Departure date****13 Destination city / location****14 Arrival date****15 Means of transportation****16 Purpose of travel****4 Date**

02/20/2006

5 Payee name
Hall, Darrin**6 Payee address;** City; State; Zip Code
1413 Caywood
Houston, TX 77055**7 Amount**
(\$)

\$2,400.00

8 Purpose of payment
(See instructions regarding type of information required.)
contract labor☐ Payment for travel outside Texas (complete boxes 10-16)**9 ** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11 Departure city / location****12 Departure date****13 Destination city / location****14 Arrival date****15 Means of transportation****16 Purpose of travel**

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 6/10 Report: 52/65

2 FILER NAME Lawrence, Antoinette B (Hon.)**3** ACCOUNT # (Ethics Commission filers)

00000004

4 Date

01/31/2006

5 Payee name

Hou Livestock Show & Rodeo

7 Amount

(\$)

\$1,000.00

6 Payee address; City; State; Zip Code

PO Box 20070

Houston, TX 77225-0070

8 Purpose of payment
(See instructions regarding type of information required.)
scholarship donation☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date

02/28/2006

5 Payee name

Hou Livestock Show & Rodeo

7 Amount

(\$)

\$50.00

6 Payee address; City; State; Zip Code

PO Box 20070

Houston, TX 77225-0070

8 Purpose of payment
(See instructions regarding type of information required.)
council ad☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/10 Report: 53/65	
2 FILER NAME Lawrence, Antoinette B (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 03/20/2006	5 Payee name Houston Realtors Breakfast Club 6 Payee address; City; State; Zip Code PO Box 27095 Houston, TX 77027	7 Amount (\$) \$180.00	
8 Purpose of payment (See instructions regarding type of information required.) membership dues <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 05/28/2006	5 Payee name Leadership Houston 6 Payee address; City; State; Zip Code 3015 Richmond Houston, TX 77098	7 Amount (\$) \$60.00	
8 Purpose of payment (See instructions regarding type of information required.) membership dues <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 8/10 Report: 54/65

2 FILER NAME Lawrence, Antoinette B (Hon.)**3** ACCOUNT # (Ethics Commission filers)

00000004

4 Date

04/08/2006

5 Payee name
Oaks Dads Club**6** Payee address; City; State; Zip Code
1025 Judiway
Houston, TX 77018**7** Amount
(\$)

\$150.00

8 Purpose of payment
(See instructions regarding type of information required.)
campaign ad sign☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date

06/22/2006

5 Payee name
Texas Ethics Commission**6** Payee address; City; State; Zip Code
PO Box 12070
Austin, TX 78711-2070**7** Amount
(\$)

\$100.00

8 Purpose of payment
(See instructions regarding type of information required.)
administrative☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

SCHEDULE F

Electronic Filing Version

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 10/10 Report: 56/65

2 FILER NAME Lawrence, Antoinette B (Hon.)**3** ACCOUNT # (Ethics Commission filers)

00000004

4 Date

02/28/2006

5 Payee name
US Postal Service**6** Payee address; City; State; Zip Code
2499 Judiway St
Houston, TX 77018**7** Amount
(\$)

\$72.00

8 Purpose of payment
(See instructions regarding type of information required.)
postal box fee☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 1/9 Report: 57/65	
2 FILER NAME Lawrence, Antoinette B (Hon.)				3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 01/25/2006	5 Payee name Best Buy 6 Payee address; City; State; Zip Code 7328 W1960 Houston, TX 77074			7 Amount (\$) \$57.36 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	
8 Purpose of expenditure (See instructions regarding type of information required.) notebook case <input type="checkbox"/> Payment for travel outside Texas (complete boxes 9-15)					
9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
10 Departure city / location		11 Departure date	12 Destination city / location		13 Arrival date
14 Means of transportation			15 Purpose of travel		
4 Date 02/14/2006	5 Payee name CVS Pharmacy 6 Payee address; City; State; Zip Code 8201 Katy Frwy Houston, TX 77024			7 Amount (\$) \$14.20 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	
8 Purpose of expenditure (See instructions regarding type of information required.) office food <input type="checkbox"/> Payment for travel outside Texas (complete boxes 9-15)					
9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
10 Departure city / location		11 Departure date	12 Destination city / location		13 Arrival date
14 Means of transportation			15 Purpose of travel		

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/9 Report: 58/65

2 FILER NAME Lawrence, Antoinette B (Hon.)**3 ACCOUNT #** (Ethics Commission filers)
00000004

4 Date 04/02/2006	5 Payee name CVS Pharmacy 6 Payee address; City; State; Zip Code 6504 W Little York Houston, TX 77088	7 Amount (\$) \$5.99 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
---------------------------------	---	---

8 Purpose of expenditure
(See instructions regarding type of information required.)
coffee☐ Payment for travel outside Texas (complete boxes 9-15)**9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**

10 Departure city / location	11 Departure date	12 Destination city / location	13 Arrival date
14 Means of transportation		15 Purpose of travel	

4 Date 01/02/2006	5 Payee name Food Fair Grocery 6 Payee address; City; State; Zip Code 6470 West Little York Houston, TX 77088	7 Amount (\$) \$3.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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8 Purpose of expenditure
(See instructions regarding type of information required.)
office food☐ Payment for travel outside Texas (complete boxes 9-15)**9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**

10 Departure city / location	11 Departure date	12 Destination city / location	13 Arrival date
14 Means of transportation		15 Purpose of travel	

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 3/9 Report: 59/65

2 FILER NAME Lawrence, Antoinette B (Hon.)**3 ACCOUNT #**

(Ethics Commission filers)

00000004

4 Date

03/12/2006

5 Payee name

Fry's Electronics

6 Payee address; City; State; Zip Code10241 North Frwy-45
Houston, TX 77037**7 Amount
(\$)**

\$43.29

☒ Reimbursement from
political contributions
intended**8 Purpose of expenditure**
(See instructions regarding type of information required.)
office supplies☐ Payment for travel outside Texas (complete boxes 9-15)**9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)****10 Departure city / location****11 Departure date****12 Destination city / location****13 Arrival date****14 Means of transportation****15 Purpose of travel****4 Date**

06/05/2006

5 Payee name

Healthy Houston Foundation

6 Payee address; City; State; Zip Code55 Waugh Drive
Houston, TX 77007**7 Amount
(\$)**

\$10.00

☒ Reimbursement from
political contributions
intended**8 Purpose of expenditure**
(See instructions regarding type of information required.)
donation☐ Payment for travel outside Texas (complete boxes 9-15)**9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)****10 Departure city / location****11 Departure date****12 Destination city / location****13 Arrival date****14 Means of transportation****15 Purpose of travel**

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 4/9 Report: 60/65

2 FILER NAME Lawrence, Antoinette B (Hon.)**3 ACCOUNT #** (Ethics Commission filers)
00000004

4 Date 03/05/2006	5 Payee name Holocaust Museum 6 Payee address; City; State; Zip Code 5401 Caroline St Houston, TX 77004	7 Amount (\$) \$78.41 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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8 Purpose of expenditure
(See instructions regarding type of information required.)
donation☐ Payment for travel outside Texas (complete boxes 9-15)**9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**

10 Departure city / location	11 Departure date	12 Destination city / location	13 Arrival date
14 Means of transportation		15 Purpose of travel	

4 Date 01/07/2006	5 Payee name Kirkland's 6 Payee address; City; State; Zip Code 375 Memorial City Houston, TX 77024	7 Amount (\$) \$21.64 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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8 Purpose of expenditure
(See instructions regarding type of information required.)
table office☐ Payment for travel outside Texas (complete boxes 9-15)**9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**

10 Departure city / location	11 Departure date	12 Destination city / location	13 Arrival date
14 Means of transportation		15 Purpose of travel	

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 5/9 Report: 61/65

2 FILER NAME Lawrence, Antoinette B (Hon.)**3** ACCOUNT # (Ethics Commission filers)
00000004

4 Date 04/24/2006	5 Payee name Kroger Grocery 6 Payee address; City; State; Zip Code 1505 Wirt Houston, TX 77055	7 Amount (\$) \$10.77 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
---------------------------------	---	---

8 Purpose of expenditure (See instructions regarding type of information required.) office food <input type="checkbox"/> Payment for travel outside Texas (complete boxes 9-15)

9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

10 Departure city / location	11 Departure date	12 Destination city / location	13 Arrival date
14 Means of transportation		15 Purpose of travel	

4 Date 03/31/2006	5 Payee name La Mexicana Restaurant 6 Payee address; City; State; Zip Code 1018 Fairview Houston, TX 77006	7 Amount (\$) \$61.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
---------------------------------	---	---

8 Purpose of expenditure (See instructions regarding type of information required.) office food <input type="checkbox"/> Payment for travel outside Texas (complete boxes 9-15)

9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

10 Departure city / location	11 Departure date	12 Destination city / location	13 Arrival date
14 Means of transportation		15 Purpose of travel	

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 6/9 Report: 62/65

2 FILER NAME Lawrence, Antoinette B (Hon.)**3** ACCOUNT # (Ethics Commission filers)
00000004

4 Date 03/11/2006	5 Payee name Money Makers Flag 6 Payee address; City; State; Zip Code 1517 Blalock Houston, TX 77080	7 Amount (\$) \$46.49 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
---------------------------------	--	---

8 Purpose of expenditure
(See instructions regarding type of information required.)
boy scout troop flag☐ Payment for travel outside Texas (complete boxes 9-15)**9** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

10 Departure city / location	11 Departure date	12 Destination city / location	13 Arrival date
14 Means of transportation		15 Purpose of travel	

4 Date 03/11/2006	5 Payee name Muscular Dystrophy Assoc. 6 Payee address; City; State; Zip Code 5615 Kirby Dr #510 Houston, TX 77080	7 Amount (\$) \$50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
---------------------------------	--	---

8 Purpose of expenditure
(See instructions regarding type of information required.)
boy scout troop flag☐ Payment for travel outside Texas (complete boxes 9-15)**9** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

10 Departure city / location	11 Departure date	12 Destination city / location	13 Arrival date
14 Means of transportation		15 Purpose of travel	

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 7/9 Report: 63/65

2 FILER NAME Lawrence, Antoinette B (Hon.)**3 ACCOUNT #**

(Ethics Commission filers)

00000004

4 Date

01/29/2006

5 Payee name
Office Depot**6 Payee address; City; State; Zip Code**
4534 WFM 1960
Houston, TX 77069**7 Amount**
(\$)

\$7.57

☒ Reimbursement from
political contributions
intended**8 Purpose of expenditure**
(See instructions regarding type of information required.)
office supplies☐ Payment for travel outside Texas (complete boxes 9-15)**9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)****10 Departure city / location****11 Departure date****12 Destination city / location****13 Arrival date****14 Means of transportation****15 Purpose of travel****4 Date**

01/02/2006

5 Payee name
Randalls Grocery**6 Payee address; City; State; Zip Code**
5264 West 34th St
Houston, TX 77092**7 Amount**
(\$)

\$37.32

☒ Reimbursement from
political contributions
intended**8 Purpose of expenditure**
(See instructions regarding type of information required.)
office food☐ Payment for travel outside Texas (complete boxes 9-15)**9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)****10 Departure city / location****11 Departure date****12 Destination city / location****13 Arrival date****14 Means of transportation****15 Purpose of travel**

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 8/9 Report: 64/65

2 FILER NAME Lawrence, Antoinette B (Hon.)**3 ACCOUNT #** (Ethics Commission filers)

00000004

4 Date 05/03/2006	5 Payee name Rice Market 6 Payee address; City; State; Zip Code 12516 Memorial Dr Houston, TX 77024	7 Amount (\$) \$11.98 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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8 Purpose of expenditure
(See instructions regarding type of information required.)
office food☐ Payment for travel outside Texas (complete boxes 9-15)**9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**

10 Departure city / location	11 Departure date	12 Destination city / location	13 Arrival date
14 Means of transportation		15 Purpose of travel	

4 Date 04/24/2006	5 Payee name Tacos Del Julio restaurant 6 Payee address; City; State; Zip Code 8141 Long Point Houston, TX 77055	7 Amount (\$) \$15.63 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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8 Purpose of expenditure
(See instructions regarding type of information required.)
office food☐ Payment for travel outside Texas (complete boxes 9-15)**9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**

10 Departure city / location	11 Departure date	12 Destination city / location	13 Arrival date
14 Means of transportation		15 Purpose of travel	

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 9/9 Report: 65/65

2 FILER NAME Lawrence, Antoinette B (Hon.)**3** ACCOUNT # (Ethics Commission filers)

00000004

4 Date

04/04/2006

5 Payee name
Texedelpia Restaurant**6** Payee address; City; State; Zip Code
5535 Memorial
Houston, TX 77007**7** Amount
(\$)

\$29.48

☒ Reimbursement from
political contributions
intended**8** Purpose of expenditure
(See instructions regarding type of information required.)
office food☐ Payment for travel outside Texas (complete boxes 9-15)**9** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**10** Departure city / location**11** Departure date**12** Destination city / location**13** Arrival date**14** Means of transportation**15** Purpose of travel**4** Date

05/01/2006

5 Payee name
Texedelpia Restaurant**6** Payee address; City; State; Zip Code
5535 Memorial
Houston, TX 77007**7** Amount
(\$)

\$12.97

☒ Reimbursement from
political contributions
intended**8** Purpose of expenditure
(See instructions regarding type of information required.)
office food☐ Payment for travel outside Texas (complete boxes 9-15)**9** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**10** Departure city / location**11** Departure date**12** Destination city / location**13** Arrival date**14** Means of transportation**15** Purpose of travel

Validation Results for Report : COH Lawrence,20060101,20060630
Report passed validation.

Passing validation does not mean that all required information has been included in the report. The validator ensures that CERTAIN required information is included. You should review the applicable Ethics Commission guide and the software HELP to ensure that ALL required information is included.

Error Level Key

Level 12- Errors indicate that a field contains unacceptable data (such as letters in a zip code field). Level 12 errors must be corrected in order to print or process a report.

Level 08- Errors indicate non-compliance with reporting requirements (such as no amount entered for a contribution). Level 8 errors must be corrected in order to file a report.

Level 06- Errors indicate non-compliance with reporting requirements. Although Level 6 errors should be corrected for legal compliance, it is possible to file a report with Level 6 errors.

Notes: You may find it helpful to print a copy of this document. To fix errors, go back to the software and open the Data Entry Screen indicated below. Locate the item ID in the grid at the top of the data entry screen and click on it to highlight that row. Click on the 'Edit' button at the bottom of the screen and make the changes necessary to fix the error, then click on the 'Save' button. Repeat this procedure for each error below. If an item ID# on this page contains the phrase 'TRVL' then the error is under 'Enter Travel Info.'

Results Summary

Level 12 Errors	Level 08 Errors	Level 06 Errors
0	0	0

The following errors were encountered during the validation:

Error Level	Data Entry Screen	Field Where Error Occurred	ERF Field #	Item ID #	Field Content	Error Message